

## Application Data Sheet

### Application Information

Application number::  
Filing Date:: 03/31/04  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of copies of CDs::  
Sequence submission?:: None  
Computer Readable Form (CRF)?::  
Number of copies of CRF::  
Title :: Prostaglandin  
Compositions and  
Methods for the  
Treatment of  
Vasospasm  
Attorney Docket Number:: 301888.3012-101  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure:: 3  
Total Drawing Sheets:: 5  
Latin name::  
Variety denomination name::  
Small Entity?:: No  
Petition included?:: No  
Petition Type::  
Licensed US Govt. Agency::  
Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: People's Republic of  
China  
Status:: Full Capacity  
Given Name:: Tian  
Middle Name::  
Family Name:: Wen  
Name Suffix::  
City of Residence:: Beijing  
State or Province of Residence::  
Country of Residence:: People's Republic of  
China  
Street of mailing address:: Dong Dan North St.  
City of mailing address:: Beijing  
State or Province of mailing address:: Dongcheng District  
Country of mailing address:: People's Republic of  
China  
Postal or Zip Code of mailing address::

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: People's Republic of  
China  
Status:: Full Capacity  
Given Name:: Liu  
Middle Name::  
Family Name:: Liu  
Name Suffix::  
City of Residence:: Beijing

State or Province of Residence::  
Country of Residence:: People's Republic of  
China  
Street of mailing address:: 31 East Street,  
XieJie Kou  
City of mailing address:: Beijing  
State or Province of mailing address:: Xicheng District  
Country of mailing address:: People's Republic of  
China  
Postal or Zip Code of mailing address::

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Mingqi  
Middle Name::  
Family Name:: Lu  
Name Suffix::  
City of Residence:: Lawrenceville  
State or Province of Residence:: NJ  
Country of Residence:: US  
Street of mailing address:: 12 Fountayne Ln.  
City of mailing address:: Lawrenceville  
State or Province of mailing address:: NJ  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 08648

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: People's Republic of  
China

Status::	Full Capacity
Given Name::	Jieshan
Middle Name::	
Family Name::	Bai
Name Suffix::	
City of Residence::	Beijing
State or Province of Residence::	
Country of Residence::	People's Republic of China
Street of mailing address::	18 Zhizhu Yuan Rd.
City of mailing address::	Beijing
State or Province of mailing address::	Hai Dian District
Country of mailing address::	People's Republic of China
Postal or Zip Code of mailing address::	100089

#### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Y.
Middle Name::	Joseph
Family Name::	Mo
Name Suffix::	
City of Residence::	Princeton
State or Province of Residence::	NJ
Country of Residence::	US
Street of mailing address::	One Belleview Terr.
City of mailing address::	Princeton
State or Province of mailing address::	NJ
Country of mailing address::	US
Postal or Zip Code of mailing address::	08540

### Correspondence Information

Correspondence Customer Number :: 30407

Phone number:: 508-879-5700  
Fax Number: 508-929-3073  
E-Mail address:: rpzimmerman@bowditch.com

### Representative Information

Representative Customer Number:: 30407

### Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	An application claiming the benefit under 35 USC 119(e)	60/459,896	04/2/03

### Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

### **Assignee Information**

Assignee name::	NexMed (Holdings) Inc.
Street of mailing address::	350 Corporate Drive
City of mailing address::	Robbinsville
State or Province of mailing address::	NJ
Country of mailing address::	US
Postal or Zip Code of mailing address::	08691